

**TIPPECANOE COUNTY COMMUNITY CORRECTIONS**  
**2800 N 9<sup>th</sup> St Rd, Lafayette IN 47904**

**PARTICIPANT**  
**RULES AND REGULATIONS**

EFFECTIVE: January 1, 2002  
REVISED: August 08, 2014  
March 15, 2016  
June 20, 2017  
August 9, 2017  
March 19, 2018  
June 5, 2020  
October 19, 2021

Do NOT write in this packet

Please do not write in this Handbook. All forms will be provided

It is the **MISSION** of Tippecanoe County Community Corrections to be progressive in providing cost effective, community based alternatives to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence based practices to more efficiently encourage positive change in our participants.



It is the **VISION** of Tippecanoe County Community Corrections to provide effective opportunities for our participants to achieve positive change and be re-integrated into our community while becoming productive members of society.

## Tippecanoe County Community Corrections Participant Handbook

### Admittance Guidelines

In order to qualify for admittance into the Community Corrections Program you must meet the following guidelines:

- Must be recommended by the sentencing court.
- Must have no other criminal charges pending (at the discretion of TCCC)
- Must be 18 years of age or over or convicted in an adult court.
- Must have all courts recommending Community Corrections if you are serving sentences out of more than one court.
- Prior violations may prohibit you from placement at Community Corrections.
- Must qualify for Direct Placement per I.C. 35-38-2.6
- Must have no present convictions of a violent crime:
  1. Murder (I.C. 35-42-1-1)
  2. Battery with a deadly weapon (I.C. 35-42-2-1) or battery causing death;
  3. Kidnapping (I.C. 35-42-3-2)
  4. Criminal Confinement with a deadly weapon (I.C. 35-42-3-3)
  5. Robbery resulting in serious bodily injury or with a deadly weapon (I.C. 35-42-5-1)
  6. Arson for hire or resulting in serious bodily injury (I.C. 35-43-1-1)
  7. Burglary resulting in serious bodily injury (I.C. 35-43-2-1)
  8. Resisting law enforcement with a deadly weapon. (I.C. 35-44-3-3)
  9. Escape with a deadly weapon. (I.C. 35-44-3-5)
  10. Rioting with a deadly weapon. (I.C. 35-45-1-2)
  11. Aggravated Battery (I.C. 35-42-2-1.5)
  12. Disarming a Law Enforcement Officer (I.C. 35-44-3-3.5)
  13. An offense under IC 9-30-5-4 (OWI Causing Serious Bodily Injury)
  14. An offense under IC 9-30-5-5 (OWI causing Death)
- Must have no present convictions of a sex crime.  
Listed in (I.C. 35-42-4)  
The following crimes are considered sex crimes.
  1. Rape (I.C. 35-42-4-1)
  2. Criminal deviate conduct (I.C. 35-42-4-2)
  3. Child molesting (I.C. 35-42-4-3)
  4. Child Exploitation (I.C.35-42-4-4)
  5. Vicarious Sexual Gratification (I.C. 35-42-4-5)
  6. Child Solicitation (I.C. 35-42-4-6)
  7. Child seduction (I.C. 35-45-4-2)
  8. Sexual Battery (I.C. 35-42-4-8)
  9. Sexual Misconduct with a minor (I.C. 35-42-4-9)
  10. Sexually Violent Predator (I.C. 35-42-4-10)
  11. Unlawful employment near children by a sexual predator (I.C. 35-42-4-10)
  12. Prostitution (I.C. 35-45-4-2)
  13. Patronizing a prostitute (I.C. 35-45-4-3)
  14. Incest (I.C. 35-46-1-3)

The offender is a legal citizen of the United States or they can provide proper documentation that they are allowed to be in the U.S. (Proper documentation includes, but is not limited to: Green Cards, Birth Certificates, a Secured Driver's License, Passport, and Military ID.)

### **Guidelines for Out of County Transfers**

1. You must live in Tippecanoe County.
2. The sentencing court order must state that the defendant may serve his/her court ordered time on the Tippecanoe County Community Corrections Program "at a level to be determined by the Executive Director" if accepted to said program.
3. He/she would be required to pay all fees.
4. The Court Order must further state that should the Defendant herein violate any rules as set forth by the Tippecanoe County Community Corrections rules and regulations, the Defendant herein shall be returned to the sentencing county's jail by the Sheriff of said county to serve the balance of his/her sentence.
5. Pay a sign-on fee of \$150.00, and a \$150.00 transfer fee when applicable.

### **General Rules and Regulations**

As a participant of any Tippecanoe County Community Correction Program, it shall be required that you adhere to the following rules and regulations. Further specific guidelines and instructions will be provided to you if accepted onto the program.

I hereby agree to the following Tippecanoe County Community Correction agreement. I understand that any violation of this agreement will result in disciplinary action against me and may result in my removal from any Tippecanoe County Community Correction Program.

I further understand that any violation of this agreement may result in the loss of credit time and/or a change in credit time classification in accordance with (IC-35-50-6-5) or loss of privileges.

I understand that evidence obtained in any Community Corrections violation will be admissible in court and will be used against me in any violation proceedings.

In consideration of the opportunity to participate in a Community Corrections program rather than serve my sentence through the Department of Correction or other secure or more restrictive environment, I acknowledge and agree that I hereby waive my rights concerning searches and seizures under the Fourth and Fourteenth Amendments of the United States Constitution and under Article 1, §11 of the Indiana Constitution. I hereby consent to allow employees of Community Correction or law enforcement officers to search my person or property without a warrant, without probable cause, without reasonable suspicion or without reasonable cause.

I agree that such a search is permissible during day or night and includes, without limitation, entrance into or searches of my residence, my telephone, any computing device of mine, secure containers and vehicles. Such searches may take place in my presence or outside of my presence and with or without prior notice to me.

I further understand and agree that all areas of the Work Release facility are subject to search including, without limitation, lockers, drawers or other areas of the facility.

I further understand and agree that such searches will not be conducted arbitrarily or for the purposes of harassment but will be conducted in a manner that is reasonably related to Community Corrections goals of public safety, rehabilitation and/or deterrence of future criminality.

I further understand and agree that any evidence found as a result of such a search of my person or property may be used as evidence against me in a disciplinary hearing, court of law, or otherwise.

I understand that this agreement shall remain in effect until I am discharged from my sentence.

I hereby agree to waive extradition from any other state of jurisdiction and agree to return to Tippecanoe County at the request of the Sheriff of Tippecanoe County.

I understand that my place of residence while on the Work Release Program shall be the Tippecanoe County Community Corrections Facility. I must maintain housing deemed appropriate by Tippecanoe County Community Corrections while on any other program.

I agree to submit to breath, urine, oral, blood test for alcohol/drugs use at the request of the Community Corrections staff or any law enforcement officer.

I understand that failure to return to the facility as instructed is a criminal act and a charge of escape may be filed against me.

***Note: It is a Level 6 Felony crime, punishable by six months to two and one-half years, if you fail to report back to Tippecanoe County Community Corrections as and when required.***

I understand that failure to keep User Fee balance under \$300 will result in movement to a higher level of supervision.

I understand ALL fees must be paid prior to your completion date. If you fail to pay in full, up to 60 days of good time credit will be taken from you.

I understand that Drug Screen fees are to be paid in full at the time the sample is provided.

I agree to submit to an IRAS (Indiana Risk Assessment System) evaluation. I further agree to enroll and complete all courses and/or programs recommended by the Community Corrections Staff.

Tippecanoe County Community Corrections and the County of Tippecanoe, its personnel, employees, staff and agents will not be liable for any loss or damage to property brought into the facility. By voluntary possession of such property in the Work Release facility, the participant releases all claims of any nature which may exist or occur in the future relative to such property including, without limitation, claims arising out of the alleged negligence of Tippecanoe County, Tippecanoe County Community Corrections, its personnel, employees, staff, or agents.

I understand that Community Corrections and the County of Tippecanoe, its personnel, employees, staff and agents are not liable for any medical expenses, problems or injuries I incur while on any Community Corrections program or at my place of employment.

I understand that if I fail to abide by the rules of any Tippecanoe County Community Corrections program, I may lose credit time or be expelled from the program and subject to court imposed sanctions.

I understand that if I commit a criminal act or act in a manner that constitutes an immediate threat to Tippecanoe County Community Corrections, I will be subject to removal or sanctions.

I authorize community corrections, probation any problem-solving court to disclose the results of any drug screening tests to all Courts, law enforcement, probation, community corrections, prosecutors, defense counsel and/or any agent of those entities for the purpose of monitoring my compliance in the program. I understand that this consent will terminate upon the closure of my case by the court or upon my termination of the length of my probation, community corrections sentence or participation in any problem-solving court.

I agree to all disclosures necessary for monitoring compliance with the terms of problem-solving court rules, probation/community corrections/diversions. Refusal or revocation of consent prior to conclusion of supervision shall be a violation of the terms of pre-trial, problem solving court rules, probation/community corrections or diversion. I further agree to consent to and sign all necessary release of information forms under HIPAA, 42 CFR Part 2, or other law, for disclosure of medical, therapeutic, or other protected information relevant to determining compliance with these programs

or monitoring participant progress. Refusal to provide such consent or signature shall be deemed a violation of program rules.

Property of Participants will be marked with (first name, last name, and number of bags) and dated. Each bag will be held up to two (2) weeks post completion/termination then discarded.

Unapproved property of Work Release participants will be marked with (first name, last name, and number of bags) and dated. Each bag will be held up to two (2) weeks from entrance into Work Release, then discarded.

I agree to submit to a polygraph examination at the request of the Community Corrections office in regard to actions or events occurring while participating in any Community Corrections Program.

Please remember that acceptance into this program is not a right, it is a privilege.

Please work with staff if any problems arise. We are working toward the same goal.

I agree to maintain a valid email address.

Date:\_\_\_\_\_

Signed:\_\_\_\_\_

Witness:\_\_\_\_\_

### **TCCC FEE SCHEDULE**

SIGN ON FEE FOR ALL PROGRAMS \$150.00 (EXCEPT CTP/WC/CS)  
1<sup>ST</sup> RESCHEDULE \$50.00      2<sup>ND</sup> RESCHEDULE \$75.00  
TRANSFER FEE \$150.00 / PER REQUEST (NON-REFUNDABLE & NON-TRANSFERABLE)  
DAILY RATES ARE DETERMINED BY HOURLY WAGE + \$2.00 (Rounding +/- @ .50)

#### **HOME DETENTION:**

Daily Rate: \$15 - \$60

Daily GPS Only: \$5

Supportive housing (HWH, OH, TM): \$13/day regardless of income

#### **DAILY REPORTING:**

Daily Rate: \$6 - \$60

#### **WORK RELEASE:**

Daily Rate: \$17 - \$60

Daily Linen Rental: \$1.00

Daily Uniform Rental: \$1.00

Meals: \$2.50 each

#### **CIP/WORK RELEASE:**

Must pay towards back fees, court costs, probation fees

Daily Rate: \$0

Laundry (non-uniform): \$5 per load

#### **WORK CREW OR COMMUNITY SERVICE:**

Fees due by completion of hours

Fee: \$125

Sanction: \$50

#### **SUBSTANCE ABUSE OR MENTAL HEALTH EVALUATION:**

Assessment: \$35.00 (Sliding scale if necessary)

#### **REPLACEMENT COSTS:**

Mattress: \$150.00      Ankle Unit: \$825

Padlock: \$50.00

Lock key: \$10.00

Uniform: \$30.00

ID Card: \$ 5.00

### **FINANCIAL RESPONSIBILITY**

**Program participants shall pay their weekly fees in the following manner:**

1. Fees need to be kept under \$300 at all times, failure to do so will result in higher level of supervision.
2. All fees will be paid by cash, credit card, money order, or cashier's check

Community Transition Program is subject to fees related to current program. You are required to pay daily rates beginning two weeks from the beginning of program.

Tippecanoe County Community Correction fees are set by the Tippecanoe County Community Corrections Advisory Board and are subject to change with a 30-day notice.

**TIPPECANOE COUNTY COMMUNITY CORRECTIONS**  
**2800 North Ninth Street Road**  
**Lafayette, IN 47904**

**PERMISSION FOR RELEASE/RECEIPT OF INFORMATION**

TO: WHOM IT MAY CONCERN

Re: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the staff of the Tippecanoe County Community Corrections Program, to release progress reports concerning my conduct, as well as written results of duly administered breath, and urine tests to any law enforcement agency, probation officer, parole officer, prosecutor, sentencing court, family doctor/dentist or current employer, during my period of supervision with Tippecanoe County Community Corrections. I also authorize any of the aforementioned entities to release information regarding me to Tippecanoe County Community Corrections staff.

I authorize community corrections, probation, or any problem-solving court to disclose the results of any drug screening tests to all Courts, law enforcement, probation, community corrections, prosecutors, defense counsel and/or any agent of those entities for the purpose of monitoring my compliance in the program. I understand that this consent will terminate upon the closure of my case by the court or upon my termination of the length of my probation, community corrections sentence or participation in any problem-solving court.

I agree to all disclosures necessary for monitoring compliance with the terms of problem-solving court rules, probation/community corrections/diversions. Refusal or revocation of consent prior to conclusion of supervision shall be a violation of the terms of pre-trial, problem solving court rules, probation/community corrections or diversion.

I also authorize my employer to release any records relating to my employment in writing or verbally to an authorized staff member of Tippecanoe County Community Corrections.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witness



**COMMUNITY CORRECTION POLICY CONCERNING SEARCH AND  
SEIZURES**

Waiver of Fourth Amendment Rights

**CAUTION: The following document is legally binding. Read and understand it before signing.**

In consideration of the opportunity to participate in a Community Corrections program rather than serve my sentence through the Department of Correction or other secure or more restrictive environment, I acknowledge and agree that I hereby waive my rights concerning searches and seizures under the Fourth and Fourteenth Amendments of the United States Constitution and under Article 1, §11 of the Indiana Constitution. I hereby consent to allow employees of Community Correction or law enforcement officers to search my person or property without a warrant, without probable cause, without reasonable suspicion or without reasonable cause.

I agree that such a search is permissible during day or night and includes, without limitation, entrance into or searches of my residence, my telephone, any computing device of mine, secure containers and vehicles. Such searches may take place in my presence or outside of my presence and with or without prior notice to me.

I further understand and agree that all areas of the Work Release facility are subject to search including, without limitation, lockers, drawers or other areas of the facility.

I further understand and agree that such searches will not be conducted arbitrarily or for the purposes of harassment but will be conducted in a manner that is reasonably related to Community Corrections goals of public safety, rehabilitation and/or deterrence of future criminality.

I further understand and agree that any evidence found as a result of such a search of my person or property may be used as evidence against me in a disciplinary hearing, court of law, or otherwise.

**DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**Code of Conduct**  
**MAJOR OFFENSES**

**CLASS A OFFENSES**

- \_\_\_ 100      Violation of Law**  
Violation of any federal, state or local criminal law. Committing any additional criminal acts.  
a.) The filing of information in any court charging a criminal offense.  
b.) Failure to advise staff of your being questioned, stopped, arrested or investigated by any law enforcement officer.  
c.) Any violation of the court order.  
d.) Any violation of your conditions of probation
- \_\_\_ 102      Assault/Battery**  
Committing battery/assault upon another person with a weapon (including the throwing of bodily fluids or waste on another person) or inflicting serious bodily injury.
- \_\_\_ 103      Rioting**  
Encouraging, directing, commanding, coercing or signaling one or more other persons to participate in a disturbance to facility order caused by a group of two (2) or more offenders which creates a risk of injury to persons or property or participating in such a disturbance or remaining in a group where some members of the group are participating in such a disturbance.
- \_\_\_ 106      Possession of Dangerous/Deadly Contraband**  
Possession or use of any explosive, ammunition, hazardous chemical (e.g., acids or corrosive agents) or dangerous or deadly weapon.
- \_\_\_ 108      Escape/Failure to Return to Lawful Detention**  
Intentionally fleeing from lawful detention or knowingly or intentionally failing to return to lawful detention following temporary leave or other authorized absence granted for a specific purpose or time period within two (2) hours after the designated return time.
- \_\_\_ 111      Conspiracy/Attempting/Aiding or Abetting**  
Attempting or conspiring or aiding and abetting with another to commit any offense.
- \_\_\_ 113      Trafficking**  
Engaging in trafficking (as defined in IC 35-44-3-9) with anyone who is not an offender residing in the same facility.
- \_\_\_ 114      Sexual Act with a Visitor / Another Offender / Staff**  
Contact of a sexual nature by an offender with a visitor, offender or staff while in Work Release or with another participant. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)
- \_\_\_ 116      Refusing a Mandatory Program**  
Refusing to participate in a mandatory program to include: failure to register for the program, failure to comply with the criteria for participation in the program, failure to cooperate with the staff presenting the program and being terminated from the program based upon failure to participate or for other behavioral reasons.  
a.) I agree to submit to a) IRAS (Indiana Risk Assessment System) or any other evaluation deemed necessary by Tippecanoe County Community Corrections and further agree to enroll and complete all courses and/or programs recommended by Tippecanoe County Community Corrections, Probation, or the Court.
- \_\_\_ 117      Assault on Staff**  
Committing battery/assault upon any staff person, including contractors and volunteers, which results in bodily injury or serious bodily injury (including the throwing of body fluids or waste on a staff person).

\_\_\_120

**Violation of Condition of a Temporary Leave**

Failure to abide by any rules/conditions of the Temporary Leave Agreement.

- a.) Being “out of bounds” (when you are not where you are supposed to be during the time frame you are released and for the intended purpose of the granted leave).
- b.) Any employment obtained while on the program, you will be required to retain for a period of 30 days, you are required to give two weeks’ notice to all employers if you wish to resign from employment.
- c.) Failure to return to the Work Release facility or your residence if you are released early from work, lose your job or as instructed by Tippecanoe County Community Corrections staff.
- d.) Leaving your place of employment without the approval of your employer and/or Tippecanoe County Community Corrections staff. Failure to report to employment or any assignment after being released for that purpose.
- e.) Leaving Tippecanoe County without written permission by a TCCC staff member.
- f.) I understand that I am not allowed to leave the facility for the purpose of work if the work is volunteered, unpaid and/or “off the clock”. I understand that I may not work more than 70 hours in one week, unless approved by your case manager.

\_\_\_122

**Asserting and/or Filing a False Lien or Judgment or Complaint**

Asserting and/or filing a lien or judgment or complaint against any person when the basis for said lien or judgment or complaint is false or otherwise untrue.

**CLASS B OFFENSES**

\_\_\_200

**Habitual Conduct Rule Violator**

Being found or pleading guilty to three major rule violations or five minor offenses (unrelated Class C Conduct Offenses) in a period of six (6) months or less.

\_\_\_202

**Possession or Use of Controlled Substance or Alcohol**

Possession or use of any unauthorized substance controlled pursuant to the laws of the State of Indiana or the United States Code or possession of drug paraphernalia.

- a.) Consumption or possession of medication requiring a prescription without proper medical authorization and/or the knowledge of TCCC. Misuse of authorized medication or possession of unauthorized medication.
- b.) Consumption or possession of alcohol including powdered.
- c.) Failure to pass a breath test for alcohol.
- d.) I will not consume anything containing alcohol (i.e. liquid cold medicine, cough syrup, mouthwashes, powdered alcohol, etc.)
- e.) Consumption or Possession of Synthetic Cannabinoids (K2/Spice), Bath Salts or any other intoxicating substance/liquid.

\_\_\_203

**Refusal to Submit to Testing**

Refusal to submit to any testing or sampling required by statute (e.g., DNA sampling) or refusal to submit to a test to determine the presence of alcohol or a controlled substance as ordered by staff, including failure to provide an adequate or unadulterated specimen for testing purposes.

- a.) Failure to report to the Screening Company the same day when your number is called within their business hours is considered a Refusal to Submit.
- b.) Failure to pay associated fees with the drug screen resulting in a rejection of testing is considered a Refusal to Submit.

- c.) Tampering, switching, adulterating, diluting or in any manner attempting to provide deceptive urine specimens will be considered a refusal to submit a specimen.

207

**Possession of Electronic Device**

Unauthorized alteration, unauthorized use or possession of any electronic device, including, but not limited to: Electronic Monitoring Equipment, computer, computer software, cellular telephone, pager, PDA, computer disk, CD/DVD, recording tape (audio or video) or associated hardware. (This offense includes accessing computers, software, the Internet, a facility LAN, etc. or using such in a manner not authorized by Tippecanoe County Community Corrections and the alteration of authorized electrical devices, such as televisions, fans, etc, for unauthorized purposes, e.g., charging cellular telephones.)

209

**Impairment of Surveillance**

Using curtains, coverings or any other matter or object in an unauthorized manner that obstructs or otherwise impairs the line of vision into an offender's cell or room or which obstructs or otherwise impairs any viewing panel or surveillance equipment, either audio or visual within the facility.

- a.) Refusal/Failure to allow a Community Corrections officer or other Law Enforcement officer access to my ENTIRE residence will result in a sanction and possible removal from TCCC. Failure to answer the door/phone for an Officer.
- b.) I understand that all pets must be confined so that any officer may enter my residence without fear of being attacked.
- c.) I understand that I must have a working telephone.
- d.) Refusing to follow directions related to charging the Global Positioning System (GPS) monitoring unit assigned to you. Allowing the unit to lose charge and switch off; or charging the unit in excess causing damage to monitoring unit.
- e.) Tampering, Altering, Defeating Electronic Monitoring equipment.
- f.) I understand that I must have a permanent place of residence and must have approval from Tippecanoe County Community Corrections at least 30 days prior to any change of residence.

212

**Assault/Battery/Threatening**

Committing a battery/assault upon another person without a weapon or inflicting bodily injury. Communicating to another person the plan to physically harm, harass, or intimidate. Communicating a plan to cause damage to the property of another person or intentionally making accusations that are untrue or false. Attempting to establish a dorm boss.

215

**Unauthorized Possession of Property**

Unauthorized possession, destruction, alteration, damage to, or theft of county property or property belonging to another, anything that is not on the approved participant property list.

230

**Counterfeit Documents**

Counterfeiting, forging, or unauthorized reproduction or possession of any document, article, identification, money, passes, security or official paper.

233

**Bribing/Giving**

Giving or offering a bribe or anything of value to a staff member, authorized volunteer, visitor or contractor or giving to or accepting from any person anything of value without proper authorization.

- a.) Extortion, blackmail, protection, demanding or receiving money or anything of value in return for protection against others.

236

**Disorderly Conduct**

Exhibiting disruptive and violent conduct which disrupts the security of the facility or other area in which the offender is located. Unruly and/or rowdy conduct, disturbing other people, arguing, being loud, horseplay and/or interfering with staff.

- 246 Possession of Offensive Material**  
Unauthorized possession and/or display of any symbol, paraphernalia, photograph or any other item or behavior which is prohibited by TCCC policies, procedures or rules or which is offensive based upon an individual's gender, race, religion, ethnic or personal background or which may intimidate another person based upon their gender, race, religion, ethnic or personal background, such as materials relating to a security threat group.
- 250 Community Re-Entry Center/Community Transition Program Violations**  
Commission of any of the below acts by Community Re-Entry Center/ Community Transition Participants:
- a.) Refusing employment or the opportunity to seek employment, resigning or being discharged from employment without the approval of the Executive Director.
  - b.) Failure to turn in all wages, tips, monetary compensations, pay stubs or statements of earnings to staff.
  - c.) Securing or using any identification card unless approved by the Facility Head or designee to possess an employment identification card from the offender's approved place of employment.
  - d.) Failing to report to work/school as scheduled, being absent from work/school, failing to return to the center/program within prescribed time limits unless approved by the Facility Head.
  - e.) Failure to go to, or from, the approved destination, by the approved route or approved method of transportation.
  - f.) While in the Community Reentry Center/Community Transition Program, refusing to obey an order from any staff member.
  - g.) While in the Community Reentry Center/Community Transition Program, refusing to work or accept work, program or housing assignment, or unauthorized absence from a work or program assignment.
- 251 Lying**  
Lying or providing a false statement.
- 252 Refusing an Order**  
Refusing to obey an order from any staff member. An offender may be guilty of this offense if the offender knew or reasonably should have known that the order existed or was in effect.
- 253 Insolent/Vulgar/Profane Behavior**  
Insolence, vulgarity or profanity toward staff or visitors.
- 254 Unauthorized Contact**  
Male and Female participants are to have no form of communication inside the facility.

## MINOR OFFENSES

### CLASS C OFFENSES

- \_\_\_ **307**      **Unauthorized Possession of Food Items**  
Food and/or drink (with the exception of water) are not allowed in the dorm, classrooms, laundry room, locker room.
- \_\_\_ **366**      **Unauthorized Area**  
Entering or remaining in a room or area other than the room assigned.
- \_\_\_ **367**      **Gambling**  
Gambling or possession of gambling paraphernalia, or preparing or conducting a gambling pool, lottery, drawing or other game of chance.
- \_\_\_ **370**      **Cruelty to Animals**  
Striking, hitting, punching or kicking any animal or deliberately abusing or mistreating any animal, including those under the care and control of the Department.
- \_\_\_ **373**      **Punctuality and Attendance**  
Failure to attend and be on time for all scheduled activities.

## **Violation Procedure**

### **RIGHTS**

ALL PARTICIPANTS HAVE THE FOLLOWING RIGHTS CONCERNING THIS MATTER IF THE SANCTION IS LOSS OF EARNED GOOD TIME CREDIT OR REMOVAL FROM PROGRAM/CHANGE IN PROGRAM PLACEMENT:

1. You will be given a written notice of Infraction within three (3) business days of the discovery of the conduct violation. You are requested to sign the written notice of infraction when delivered to you to acknowledge that you have received it and are aware of the charge.
2. The disciplinary hearing will be held preferably within seven (7) working days from the date of the incident or from the date the employee first becomes aware of the alleged violation. You may request a copy of your hearing form.
3. You will have this time to prepare for the hearing.
4. You have the option to admit your guilt and waive your hearing.
5. You have the right to have an impartial Hearing Officer.
6. You have the right to appear and speak in your own behalf.
7. You may call witnesses, it is your responsibility to contact them, but if not practical for safety and security reasons, you may be asked to submit questions you want asked of them. Witnesses may be other participants or staff. The number of witnesses for you may be limited to three (3). At the end of the hearing, the Hearing Officer will review the facts and testimony and will make a finding. You may request a copy of the findings. This is not a legal hearing and you do not have the right to counsel. If you choose to have counsel for witness, they will be interviewed separately.
8. You have the right to have the assistance of a lay advocate (the Department will require that the advocate be an employee of, or a fellow participant of the same sex, in the same facility).
9. You have the right to have an administrative review of the Hearing Officers decision by the Deputy Director upon written objections by you, submitted within seventy-two (72) business hours after an adverse determination of the Hearing Officer.
10. Hearings are to simply find guilt or innocence. If you admit guilt, there is no need for a hearing and a disposition will be completed. You do not have a say in the sanction and a hearing will not change the sanction.

## VIOLATION SANCTIONS

Sanctions may include but are not limited to:

### Class A, Major Violation Sanctions

- a. Termination from the program, and/or
- b. Evaluations/Treatment Programs/Educational Classes
- c. Change of program placement
- d. Loss of good time credit
- e. Community Service or Work Crew Hours
- f. Loss of privileges
- g. Written reprimand

### Class B, Major Violation Sanctions

- a. Termination from the program
- b. Evaluations/Treatment Programs/Educational Classes
- c. Change of program placement
- d. Loss of good time credit
- e. Community Service or Work Crew Hours
- f. Loss of privileges
- g. Written reprimand

### Class C, Minor Violation Sanction

- a. Community Service/Work Crew Hours
- b. Evaluations/Treatment Programs/Educational Classes
- c. In House duties (not to exceed 40 hours)
- d. Loss of privileges
- e. Written reprimand

**A guilty plea or finding may result in the imposition of any sanction or combination of sanctions. The maximum allowable sanctions for each class offense are as follows:**

<u>Sanction</u>	<u>Class A</u>	<u>Class B</u>	<u>Class C</u>
Work Crew/In House Cleaning	80 hours	60 hours	40 hours
Loss of privileges	180 days	120 days	90 days

### **Habitual Rule Violator**

More than Three (3) Major Rule Violation or Five (5) Minor Offenses within six (6) month period.



### **Grievance Report:**

A grievance may be filed by a program participant to express a real or imagined complaint concerning a department policy, facility condition, staff misconduct, or as a response to access to medical care. A program participant may file a grievance without being subject to any adverse action. The grievance should be filed on the *Grievance Form* electronically. The Coordinator should respond to the program participant in writing or in person within ten (10) business days. The Coordinator's response may be appealed to the Deputy Director. Any such appeal must be filed, in writing, within 5 days of receipt of the response from the Coordinator.

### **PARTICIPANT GRIEVANCE POLICY**

It is the policy of this department that any participant may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures and allegations of sexual abuse.

Grievances will not be accepted if they are challenging the rules and policies themselves, state or local laws, court decisions and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

Grievances can be filled out electronically on the website (computers are provided in Work Release).

### **Drug Screening Policy**

1. Each participant will immediately be tested when starting any Community Corrections Program.
2. Each participant will be tested periodically for drug/alcohol abuse by urinalysis or oral swab.
3. Refusal to provide a sample may result in immediate removal any Community Corrections program and/or transfer to the Tippecanoe County Jail.
4. Participants unable to provide a specimen on request may be isolated until the specimen is provided.
5. Participants unable to provide a specimen by end of drug screen business hours will be considered refusing to provide a specimen.
6. Tampering, switching, adulterating or in any manner attempting to provide deceptive specimens will be considered a refusal to submit a specimen.
7. If you provide medical documentation that you are medically unable to provide a sample, other alternative testing may be implemented. All confirmed positive specimens may be reported to the sentencing court, or any other law enforcement agency.
8. Evidence of drug abuse after entering any Community Corrections Program may result in disciplinary action, therapeutic intervention, or possible removal from further participation in any Community Corrections Program.
9. An exception for a failed drug test, may be for prescribed medication to that participant and documented by Tippecanoe County Community Corrections.
10. Drug screens must be paid for at the time of the screen. If a screen must be sent to the lab for verification, you may be charged an additional fee.
11. Testing is provided by Total Court Services and operates out of the community corrections facility. After receiving your baseline urinalysis, you will be issued a personal identification marker by the company. You will be required to check **daily (including all holidays)** to see if you are to be screened. You must report the day you are called during the scheduled hours or you will be marked as Failure to screen/Refusal to Submit.

## **POLICY AND RULES**

### **PROGRAM SCHEDULES**

#### **Program Participant Schedules:**

Program participants will submit a weekly schedule. This schedule will include all activities the program participant needs time to complete. The Case Manager will review the schedule requested, then modify/approve and return to you. You must follow the approved schedule and will be monitored for compliance.

It is important that the participant places all the information that is known on this form. Dental, medical and other personal appointments must be submitted on the weekly schedule. The program participant must indicate the name, address and telephone number of the service provider.

The program participant must be able to provide documentation of attendance to an Officer. Deviation from your schedule is not allowed unless deemed an emergency (i.e. death in the family, surgery) and can only be approved by your assigned case manager. All requests must be submitted via CourtFact and participant must wait for approval.

All activities that cannot be done during these passes will be at the discretion of the officer approving your schedule.

You may not have two passes scheduled at the same time.

TCCC offers the following passes:

- Errand Time
- Religious (HD Only)
- Substance Abuse/Mental Health Treatment
- Holiday
- Incentive

Please note that you are not allowed to change your pass times without expressed consent of your case manager. If you are called to work during the time frame of your passes, then your passes are null and void if you choose to work.

Program participants may contact their Case Manager by submitting a message through CourtFact or calling the facility and dialing the extension provided to you for your specific case manager. There is no need for REPEATED calls or messages. At NO time will a Coordinator accept calls for anything other than a Medical Emergency. Do NOT call other staff to attempt to gain permission for an unscheduled leave.

Leaving a voicemail or sending a message does not mean that the request has been approved. Your case manager will return your call or message if deemed necessary and when they are available.

### **Contraband**

Program participants must immediately report the presence of contraband in the facility to staff. If a program participant discovers he or she has inadvertently brought contraband into the facility they should contact staff immediately to have the property removed. Program participants should remove any prohibited property from their person before entering the facility. Contraband items will not be stored within the facility.

**Contraband includes but is not limited to: Pocket Knives, unapproved electronic devices, tobacco/smoking products, any deadly weapon, illegal substances or alcohol.**

## **Residence**

If you are not the sole owner/lessee in the home you intend to reside in, the individual who is the owner or lessee will be required to sign *Consent to Search* form while you reside there. Refusal to do so will result in your removal from that location.

You must maintain appropriate housing while on community corrections or you may be removed from the location with alternative placement.

## **HOLIDAYS**

Staff will use the following guidelines below in determining who may work on the designated holidays.

- Program participants will be notified in writing of any other dates that would follow this procedure.
- Program participants must provide written verification of work schedule from their supervisor at least one-week prior to the holiday.
- Program participants must be able to be seen or contacted in person.
- TCCC will have final discretion as to who will be allowed to work on these days.

## **RELEASE PROCESS**

The program participant's time of release is 11:59 pm on the date of the release.

- Home Detention participants should report during regular business hours on the date of release or the prior Friday if the completion date is on Saturday or Sunday.
- Work Release, release time is 11:00 am release or the prior Friday if the completion date is on Saturday or Sunday.
- If the completion date falls on a holiday, the release date will be the prior business day.

All equipment must be returned to Tippecanoe County Community Corrections in proper working order and in good condition at the time of release. If the equipment is not returned, the program participant may face criminal charges and financial restitution. All fees must be paid prior to release. Failure to have all fees paid may result in the garnishment of your state tax return through the TRECS program.

## **SEARCH POLICY**

All participants are subject to search by TCCC staff, to include but not limited to: pat down, strip search, metal detector or body scanner, personal property, lockers, drawers.

## **BREATH EXAMINATIONS POLICY**

All participants may be tested daily for alcohol. The possession and use of alcohol in any form is expressly prohibited.

Participants are also subject to alcohol breath examinations at any time during their sentence whether or not they are on facility premises. Officers may require participants to submit to breathe examinations while they are on pass, during transportation and while at work.

CONSUMPTION OF ALCOHOL: Reminder-All items containing alcohol is still prohibited (Nyquil, mouthwash, etc.)

### **WORK RELEASE VEHICLES**

1. Any participant driving a vehicle to the Work Release facility shall park in the designated area assigned by the Work Release staff and all vehicles should be locked when unattended. All vehicles, including automobiles, mopeds, motorcycles and bicycles shall be tagged and registered with check-in.
2. Vehicles parked at the Tippecanoe County Work Release facility will be the sole responsibility of the owner. The Work Release Program and the County of Tippecanoe will not be responsible for loss or damage to vehicles or their contents.
3. Alternative transportation may include any of the following:
  - a. Public transportation
  - b. Ride sharing with other participants
  - c. Bicycle or moped.
  - d. Transportation by family or employers
4. Participants being picked up or dropped off must have their rides parked in the proper areas.
5. It is understood that any vehicle driven by a participant shall be subject to search at any time by the staff. The participant shall be held accountable for any contraband found in the participant vehicle.
6. Proof of valid license, registration, and insurance will be required before permission for a vehicle will be allowed. Any vehicle considered unsafe will not be allowed to be operated while you are in the program.

### **SICK PARTICIPANTS POLICY**

Any participant who does not report to work or returns from work sick will remain in his/her dorm to help prevent others from becoming ill. Participants are solely responsible for all medical costs accrued while on the Work Release Program.

## **MEDICATION POLICY**

Participant medication will be stored, handled and administered as instructed by a health care advisor.

1. All medication must be turned into the Work Release Check In desk unopened and the correct pill count. They will then be counted by a correctional officer and can then be dispensed. DO NOT take any prescription medication without it first being counted by a correctional officer and verified that is the correct medication and count.
2. Medication will be kept in a secured medical cart.
3. Every prescription shall bear the participant's name, date of prescription, directions for use, and name of the medication.
4. All prescriptions filled while on the Work Release Program are the sole responsibility of the participant.
5. Each participant will have a medication log sheet. This will show the name of the medication, and the date and time it was given to the participant, the participant and duty officer will also initial it at the time.
6. Participants who need to consume medication while out of the building will be required to provide an additional prescription labeled bottle in order to take the medication out with them. The second bottle must be returned to the correctional officer whenever the program participant returns to the facility.
7. Non-prescription medication must accompany a prescription and turned into the officer on duty. All packages must be unopened (new). No PM medications will be allowed.
8. Medications will be delivered by the correctional officers or health care advisor at approximately:  
  
7:30 am; 1:30pm; 7:30pm
9. If emergency health care is needed while inside the facility, the program participant should contact any TCCC Staff Member who will call appropriate medical services.
10. All other appointments must be scheduled with a local doctor, dentist, or mental health professional at the earliest convenience and must be on the approved schedule.

## WORK RELEASE CHECK IN AND OUT PROCEDURES

### Check In Procedure

- Upon entering the facility participants will submit to a PBT, turn in ID Card and any medication.
- Participants will then take all belonging into the locker room and change into uniform.
- After exiting the locker room you will be subject to searches by metal detector, pat down and full body scanner.
- All participants are subject to a strip search as outlined by TCCC policy.
- No Property will be allowed to enter the Day Room that is not on the approved list.
  - Educational material must be approved to enter the day room. School work must be done immediately and returned to the locker room.

### Check Out Procedure:

Participants are to report to the Central Desk at the time they are scheduled for release. Staff members will not wake participants.

- Participants will dress out in the locker room no more than 15 minutes prior to leaving the facility.
- At that time participants will receive their ID badge and any to-go medications necessary while out of the facility and be marked out by the officer.
- If a medical emergency arises while out of the facility, the participant is responsible for letting the facility know as soon as medically able.

## DROP OFFS

Drop offs will be accepted at the Work Release Entrance, the side door on the south side of the building.

Money will be dropped off in the presence of the participant.

Clothing will only be accepted, one time, within the first 48 hours of admittance.

## RELIGION POLICY

Participants may bring in one (1) approved religious reading text into the Work Release facility for their own use.

**WORSHIP:** Only qualified representatives appointed or approved by the Coordinator may hold regular services or consultation at designated times.

## MAIL POLICY

1. Work Release participants may receive mail by having it addressed as follows:

Participant Name  
C/O Tippecanoe County Work Release  
2800 N. 9<sup>th</sup> St Rd  
Lafayette, IN 47904

2. All incoming mail shall be opened and inspected by the Work Release staff for the presence of contraband.
3. Change of address DO NOT AT ANY TIME do a **Permanent** change of address to our facility. This is because; when you leave our facility the Post Office will not forward your mail. So if you have no other option than to have your mail delivered here than go to the Post Office a have a TEMPORARY ADDRESS CHANGE card filled out. The Work Release Office will not be responsible for forwarding your mail. All mail will be returned to sender once you leave our facility.

## **PARTICIPANT SLEEPING DORMS**

Staff members will assign bunks and lockers to participants. And at no time may a participant change their assigned bunk and locker without permission of the staff.

A mattress and a pillow will be provided to each participant. You are responsible for its care and maintenance.

### **All dorms will be inspected daily. The following policies will apply:**

1. Bunks shall be made when not occupied for the purpose of sleeping. Bunks must be made before participants are permitted to leave the facility.
2. No more than one mattress and one pillow may be on a bunk.
3. Floors, walls and furnishings must be clean, orderly and clutter free.
4. No items may be placed on or over any light fixtures.
5. Dirty clothing will be kept in a laundry bag and NOT on the floor. Clean clothing will be kept in the locker or storage drawer provided.
6. Quiet hours are from 11:30 PM to 6:15 am
7. Participants are responsible for their personal property and the security of that property. All property must be locked in the storage drawer and locker you are assigned.
8. If a participant destroys County or Work Release property, they will be held responsible for any repairs or replacements.
9. At no time shall a participant hang any item that will obstruct the staff's view of the participant.
10. The only food or drink permitted in the facility must come in by means of vending or scheduled meal. At no time should any food or drink be in the dorm area. All food and drink must be consumed in the dayroom area. You are allowed to have one approved water bottle in the dorm.
11. Participants are not allowed to enter another dorm other than the one they are assigned at any time or for any reason.

## **PARTICIPANT PERSONAL HYGIENE POLICY**

The Tippecanoe County Work Release Program in the interest of sanitation and cleanliness and positive imaging shall maintain procedures that will decrease the chance of disease and vermin.

1. All participants must shower on a regular basis. Hair must be clean and neat at all times.
2. You are not allowed to have weaves, hair pieces, or any form of synthetic hair.

## **EMERGENCY PROCEDURES**

Emergency drills will be conducted periodically. You will be required to follow the direction of staff.

### **A. EVACUATION PROCEDURES**

Evacuation procedures will be posted throughout the facility. Participants are required to read and know these procedures. In the event of an evacuation, participants are to leave the facility by the nearest available evacuation exit. Once participants have evacuated the facility, they are required to go to the southwest corner of the parking lot (nearest to the metal storage building) and wait for further instructions.

### **B. TORNADO PROCEDURES**

In the event of an imminent tornado strike, participants will be instructed to proceed immediately to an interior designated tornado area. Once in the designated area, participants are to sit on the floor and cover their heads with their arms. They are to wait quietly for further instructions. Participants will be advised when the danger has passed, and it is safe to return to normal activities. During Tornado Warnings no one will be allowed to leave the building.

### **C. SNOW POLICY**

In the event of heavy snow or a severe winter storm, participants may be required to remain inside the facility. Staff members will notify employers that participants are unavailable for employment due to snow or storm conditions. No participant will be released from custody during a declared snow emergency unless his/her job requires them to be at their place of employment for the emergency (i.e. wrecker service, hospital, emergency team etc.)

### **D. THUNDERSTORMS**

During a thunderstorm warning, no participants will be allowed to use a bike, moped or walk.



**The Following Items are Prohibited Within the Facility**  
**Firearms, Knives, or Weapons of Any Kind**  
**Illegal Substances of Any Kind**  
**Tools of Any Kind**  
**Outside Food or Drink of Any Kind**  
**Obscene Material of Any Kind**  
**Car, Motorcycle, Moped, or Bicycle Parts of Any Kind**

**Approved Wall Locker Items**  
**No more than the following**

- |   |   |
|---|---|
| (8) Plastic Hangers   | (1) Cell Phone – <b>MUST BE OFF IN THE BUILDING</b> |
| (2) Pair Shoes <u>OR</u> Boots  | (1) Cell Phone Charger/Power Bank                   |
| (2) Hats (Baseball Cap, Painter Style or Sock)                                    | (1) Eye Shadow (No Glass)                           |
| (2) Dresses   | (1) Eyeliner (No Glass)                             |
| (8) Pants   | (1) Mascara (No Glass)                              |
| (8) Shirts  | (1) Lipstick (No Glass)                             |
| (2) Belts   | (1) Powder or Liquid Powder/Foundation (No Glass)   |
| (2) Thermal Underwear Set   | (1) Deodorant                                       |
| (4) Underwear   | (1) Chap Stick                                      |
| (4) Pair of Socks   | (1) Comb &/or Brush                                 |
| (1) Winter Coat   | (2) Hair Ties                                       |
| (1) Pair of Winter Gloves   | (1) Bracelet  |
| (6) Personal Letters  | (2) Rings   |
| (10) Legal Papers   | (1) Contact Lens Care Product                       |
| (1) Small Calendar or Day Planner   | (1) Laundry Bag                                     |
| (1) Bible or religions text   | (1) Small drawstring bag                            |
| (1) Small Pocket or Locker Mirror (No Glass)                                      | (1) Writing Tablet                                  |
| (10) Envelopes  |   |
| (1) Watch, Smart Watch, or Fitness Band (must be turned off)                      |   |
| (2) Books (Non-Pornographic, no magazines, no coloring books) No hard cover books |   |

**Warning Notice**

**The following conditions will result in items being deemed as contraband and will be removed and immediately destroyed:**

- No tank tops/low cut shirts
- No short shorts
- No cologne or perfume
- Anything over the allowed number of items listed above
- Any altered or misused property
- Any items left unattended in the locker room area
- Any food or drink items
- Any items shared with another participant

## Approved Dorm Items

### Items Provided by Tippecanoe County Community Corrections

Set of Sheets (pillow case & 2 sheets)	Sandals (1 pair)	Blanket
Extra Uniform	Towels & Wash Cloths	

Hygiene kits are available for purchase.

All items not provided are available for purchase from commissary.

\*Any item **bolded** with an asterisk\* must be purchased from Market C - *unless provided by educational instructor or therapist – these items must be approved by Head Corrections Officer or Work Release Coordinator*

### No more than 1 of the following

20oz Plastic Bottle (Must be purchased from TCCC)	Writing Tablet
AM/FM Radio (Must be purchased from TCCC)	Small Calendar or Day Planner
Religious Necklace (plain, not raised, no stones)	Word Search
Wedding Band (plain, not raised, no stones)	Crossword Puzzle
Current Newspaper	Coloring Book
Mini Stereo Ear Phones	Colored Pencils
Bible or religious text	<b>*Contact Lens Case</b>
Writing Tablet	<b>*Comb &amp;/or Brush</b>
Small Calendar or Day Planner	
Crossword Puzzle	

### No more than 2 of the following

<b>*Toothbrush</b>	<b>*Toothpaste</b>	<b>*Baby Powder</b>
<b>*Plastic Toothbrush Holder</b>	<b>*Mouthwash</b>	<b>*Shaving Cream</b>
<b>*Denture Cleanser</b>	<b>*Denture Adhesive</b>	<b>*Alarm Clock</b>
<b>*Deodorant</b>	<b>*Shampoo</b>	<b>*Ear Plugs</b>
<b>*Conditioner</b>	<b>*Body Wash</b>	<b>*Lead Pencil</b>
<b>*Bar of Soap</b>	<b>*Hair Gel</b>	<b>*Ballpoint Pen</b>
<b>*Body Lotion</b>	<b>*Plastic Soap Holder</b>	<b>*Batteries – AAA (4pack)</b>
<b>*Lip Balm</b>	<b>*Facial Cleaner</b>	<b>*Batteries – AA (4pack)</b>
<b>*Mesh Laundry Bag</b>	<b>*Contact Lens Products</b>	Paperback Books
<b>*Sandals</b>	<b>*Thermal Underclothes</b>	Religious Pamphlets

**No more than 5 of the following:** T-Shirt Socks Underwear Bras Family Pictures\*

*\*Pictures must be Non-Pornographic/Obscene, No Polaroid's, No larger than 4" x 6"*

**No more than 10 of the following:** Envelopes Legal Papers

### **Warning Notice**

**The following conditions will result in items being deemed as contraband and will be removed and immediately destroyed:**

Anything hanging from sides or foot end of bunk	Any food or drink (except water) in the dorm
Anything over the allowed number of items listed above	Any altered or misused property
Any items left unattended in the shower area	
Any items on the floor, in your pillowcase, <b><u>under your mattress</u></b> , shared with another participant, or not in accordance with bunk compliance picture	

**ALL ITEMS MUST BE PLACED IN DRAWER WHEN NOT IN USE**

**DORM FOOTLOCKERS ARE TO BE SECURED AT ALL TIMES**



# Tippecanoe County Community Corrections

2800 North 9th Street Road Lafayette, IN 47904  
Phone: 765-742-1279 Fax: 765-423-2896



## Home Detention / Work Release Conditions For GPS

The special conditions below apply to you because of your placement on Global Positioning System (GPS).

\_\_\_1. You shall be required to wear a Global Positioning System (GPS) transmitter unit on your ankle at all times while on Tippecanoe County Community Corrections programs. You are responsible for the GPS unit. In the event that the GPS unit is lost, stolen, or damaged while under your control you will be charged for the damage or cost of a new replacement unit.

\_\_\_2. Your Case Manager/Surveillance Officer must approve any employment and may contact your employer at any time. Self-employment must be validated by accurate records and receipts. Self-employed individuals are required to call in all work locations.

\_\_\_3. You are required to charge the Global Positioning System (GPS) unit one time a day for two hours. Should the GPS vibrate, indicating a low battery status, you must then charge the GPS for four hours. Charging the GPS unit during sleep hours is not authorized as it may damage the unit.

---

Home Detention Participant (Print)

(Signature)

(Date)

---

Community Corrections Officer (Print)

(Signature)

(Date)

*Our **Mission** is to be progressive in providing cost effective, community-based alternative to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence-based practices to more efficiently encourage positive change in our participants.*



# Tippecanoe County Community Corrections

2800 North 9th Street Road Lafayette, IN 47904  
Phone: 765-742-1279 Fax: 765-423-2896



## List of Tattoos

Please describe all your tattoos in the appropriate boxes  
(Note – do not just list “sleeve” describe what’s in the sleeve)

<b>Head:</b>	
<b>Face:</b>	
<b>Neck:</b>	
<b>Chest &amp; Stomach:</b>	
<b>Back:</b>	
<b>Right Arm:</b>	
<b>Left Arm:</b>	
<b>Right Leg:</b>	
<b>Left Leg:</b>	

*Our **Mission** is to be progressive in providing cost effective, community-based alternative to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence-based practices to more efficiently encourage positive change in our participants.*



# Tippecanoe County Community Corrections

2800 North 9th Street Road Lafayette, IN 47904  
Phone: 765-742-1279 Fax: 765-423-2896



## **Tippecanoe County Community Corrections** **Community Integration Program**

The Community Integration Program (CIP) will allow program participants the chance to be placed on the Work Release program who would otherwise be ineligible due to user fees owed to Tippecanoe County Community Corrections. While on the program, you will not be charged a daily rate. However, you will be required to:

1. Pay in full any past fees owed to Tippecanoe County Community Corrections (TCCC). This includes any fees sent to a collections agency.
2. You will be required to apply a maximum of 50% of your Net paycheck (after taxes) towards past fees. Weekly or biweekly payments are due based on paycheck schedule.
3. CIP participants are required to pay all current and past Tippecanoe County Court Costs.
4. Pay in full all current and past Tippecanoe County Probation fees. This includes any fees sent to a collections agency.
5. CIP participants must pay the \$150.00 sign on fee before leaving the program.
6. Participants are required to have all fees paid to zero prior to completing TCCC. Failure to do so will result in the loss of Good Time Credit (GTC). This lost GTC time can be returned upon full payment of all owed fees through completion date or after (lost GTC). At such time, you will complete TCCC successfully and the courts notified as such.

Failure to comply with conditions of the Community Integration Program can result in placement on Lock Down status (Participant confined to the Work Release facility).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

*Our **Mission** is to be progressive in providing cost effective, community-based alternative to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence-based practices to more efficiently encourage positive change in our participants.*

COMMUNITY CORRECTIONS POLICY CONCERNING MARKET C THEFT  
2800 North Ninth Street Rd  
Lafayette IN 47904

1<sup>st</sup> Offense:

Violation B-215 Issued

Mandatory \$25 Restitution (or cost of goods if > \$25)

Plus 20 hrs of Community Work Crew or Community Service (\$50 sanction fee)

Plus 4 hr Theft Talk Class to be completed online [www.thefttalk.com](http://www.thefttalk.com) (\$45 class fee)

All sanctions listed above must be paid for and completed within 60 days or by completion date if sooner.

2<sup>nd</sup> Offense:

Mandatory \$25 restitution (or cost of goods if > \$25)

Plus Remanded to jail with new charges filed

RESTRICTED return time of 6 months

Theft Talk Links:

Theft Class (4 Hours)

<http://thefttalkprod.tortal.net/course/default.asp?crid=1696&caid=857>

Impulse Control & Theft Class (4 Hours)

<http://thefttalkprod.tortal.net/course/default.asp?crid=4358&caid=857>

---

Printed Name

---

Signature

---

Date Signed

---

Witness

# Tippecanoe County Community Corrections



2800 North 9th Street Road Lafayette, IN 47904  
Phone: 765-742-1279 Fax: 765-423-2896

## PARTICIPANT PROPERTY RELEASE FORM

On \_\_\_\_\_ I,

Authorize the release from Tippecanoe County Community Corrections all my personal property.

Below is the name and phone number I authorize my property to be released to:  
(A form of ID, driver's license or state ID card, must be presented by the below named to pick up property)

- 1.
- 2.
- 3.
- 4.

Jason Huber  
♦ Executive Director

Kelly Morehouse  
♦ Deputy Director

Phil McKinnis  
♦ Work Release  
Coordinator

Lisa Barnes  
♦ Community  
Outreach &  
Training  
Coordinator

Kyle Turner  
♦ Home Detention  
Supervisor

Kathryn Garrett  
♦ Case Manager  
Supervisor

Norman Henry  
♦ Substance Abuse  
Counselor &  
Special Programs  
Coordinator

Lisa Barnes  
Kerry Achgill  
Mandy Bonty  
Cricket Rhoda  
♦ Intake Team

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Officer Signature)

**ALL PROPERTY MUST BE PICKED UP WITH-IN TWO WEEKS OF YOU NOT BEING AN ACTIVE PARTICIPANT AT TCCC OR IT WILL BE DISCARDED.**

On, \_\_\_\_\_, I, \_\_\_\_\_ have received the  
Property for the above mentioned participant.

\_\_\_\_\_  
(Signature of person picking up property)

\_\_\_\_\_  
(Officer Signature)

*Our **Mission** is to be progressive in providing cost effective, community-based alternative to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence-based practices to more efficiently encourage positive change in our participants.*

**TIPPECANOE COUNTY COMMUNITY CORRECTIONS PROGRAM  
PARTICIPANT AGREEMENT**

I, \_\_\_\_\_, have read or have had read to me the  
Community Corrections Handbook, that has been issued to me, and understand all terms and  
conditions contained therein.

I agree to comply with terms and conditions explained therein.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Officer's Signature**